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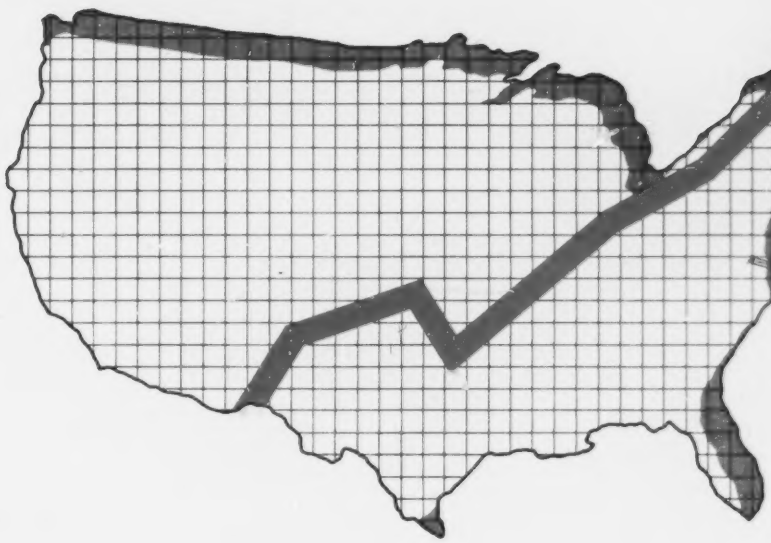
THE PREVENTION INDEX '87



A Report Card on the Nation's Health

SUMMARY REPORT

A Project of Prevention Magazine

PART ONE

The Prevention Index: A Report Card on the Nation's Health

A Project of *Prevention* Magazine

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PART TWO

Prevention in America 4: Steps People Take—or Fail to Take—for Better Health, Survey Summary

Consumers' survey conducted for *Prevention* Magazine by Louis Harris & Associates, Inc. Fieldwork: November, 1986

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APPENDIX

Procedures for Computing the Prevention Index

Summary of Behavior on 24 Factors That Apply to Adults

Your Personal Prevention Profile

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PREFACE

The 1987 Prevention Index marks the fourth consecutive year that *Prevention* Magazine, along with Louis Harris & Associates, Inc., has conducted a national survey on the health practices of Americans.

When we began back in 1983, we were primarily curious. We wanted to know what people were actually doing to protect their health and safety.

We're still curious. But now, our main goal is to make the Index useful. By doing the survey each year, we can track changes and trends closely. We can see which of our prevention efforts are working, and where we need to increase our activities.

Some of the news from this year's survey is great. Only 27 percent of adults say they currently smoke—the lowest level ever measured in a Harris survey. And for the first time a solid majority—55 percent—say they wear seatbelts all the time in the front seat of a car.

Other news is hopeful. In 1986 we saw the first jump in the number of people who are trying, "a lot" to limit the cholesterol in their diet. This suggests that the new educational efforts about the dangers of cholesterol are making an impact. We'll be anxious to see if this trend continues.

Unfortunately, some of the news is bad. Over the past four years, for instance, we have seen no change in the number of people who get strenuous exercise; no decrease in the number of those who are overweight. Clearly, we need to find ways to improve our performance in these crucial areas.

But the bottom line is that every year we have made progress. We may have a long way to go, but we've started the trip. The challenge is to carry our progress into the future.

Sanford T. Beldon
Publisher
Prevention Magazine

THANKS

To those adults who took time to talk frankly about their personal health habits with Louis Harris interviewers, thanks. We couldn't have done this survey without you. Michael Kagay, Vice President, and Humphrey Taylor, President, of Louis Harris & Associates, deserve appreciation for their roles in collecting and analyzing the data. And a special thank you to Suzanne Irvine, who directed the Prevention Index project so successfully for its first three years.

PART 1

The Prevention Index, 1987

Our progress in prevention has not been dramatic. If our Index score were a grade, we'd still barely pass. But we are going in the proper direction.

The 1987 Prevention Index shows that, for the fourth straight year, Americans have increased their efforts to prevent accidents and disease.

Our Index score this year is 65.2. That is a rise of 1.1 points over 1986, and an increase of 3.7 points since 1984.

The Index itself is a composite score, based on 21 key health-promoting activities. Each activity is weighted for its health impact*, and the total values are adjusted to a scale of 100. So an Index score of 100 would mean that everyone was carrying out all 21 preventive acts. A zero would mean that nobody was doing any of these acts. (For details on computing the Index, see the Appendix.)

The chart shows the 21 behaviors that comprise the Index, listed in order of decreasing importance as rated by the experts. The first column of numbers shows the percentage of adults who practice each behavior, followed by the experts' rating on its importance for preventing disease and promoting health. The last column shows how much each behavior contributes to the Index score.

A look at the past four years shows that our progress in prevention has not been dramatic. If our Index score was a grade, we'd still barely pass. But we are going in the proper direction.

Where we went right—and wrong

While the overall Index moved only a little, there were significant changes with some individual behaviors.

The increase in this year's Index is largely due to three factors:

- *Wearing seatbelts in the front seat—up 14 points.
- *Limit cholesterol in the diet—up 4 points.
- *Limit salt/sodium in the diet—up 3 points.

The rise in seatbelt use is particularly significant. In 1983, only a small minority practiced this safety habit. Now, led by states with seatbelt laws, a majority of Americans buckle up.

The dietary change with cholesterol is quite small, and the shift on salt/sodium falls just short of statistical significance. But these are hopeful signs. More people may be starting to act on what they know about good nutrition.

Our limited progress shows, however, that in most cases there has been little change. In some areas that is good: less than 30 percent of adults smoke, 77 percent say they have smoke detectors, 80 percent take steps to avoid home accidents.

But in other cases, maintaining the status quo is not so good. Just 23 percent of adults are within the recommended weight range for their age, sex and height. Barely half of drivers stay below the speed limit, and more than one-quarter admit to driving after drinking.

In a few areas, we've fallen back. Two significant drops this year:

- *Take specific steps to control or reduce stress—down 5 points.
- *Socialize with friends or relatives once a week or more—down 4 points.

While efforts to control stress are still higher than those recorded in our first survey, these changes are disturbing. There has been no reduction in the number of people experiencing stress, but efforts to deal with stress are lagging. Stress control may become a growing problem.

A look at the future

Overall, though, our forward movement has been considerably greater than our backward movement. And there is good reason for optimism.

For one thing, we've made progress against considerable odds. A look at the 21 behaviors in the Index shows that most of them involve significant decisions. Changing habits is never easy. But in a surprising number of areas, we are beginning to do it.

Another good sign is that almost all the changes we've tracked seem to be more than fads. Once we start to make progress, that progress continues. This suggests that most people who make healthful changes stick with them.

An area to watch carefully is what happens with younger people. Our surveys show consistently that older people have much more preventive lifestyles than young people. Those aged 65 or older score highest on the Index; those aged 18 to 24 score lowest.

On the plus side, there are indications that baby boomers—those aged 25 to 39—are developing healthy habits earlier than the age factor alone would predict. On the negative side, our children's survey shows a troubling amount of overweight in America's 5 to 17 year-olds.

In the years ahead, the Prevention Index will continue to track these and other areas of health and fitness. We hope that our research work will be both a measure of progress and an incentive for action.

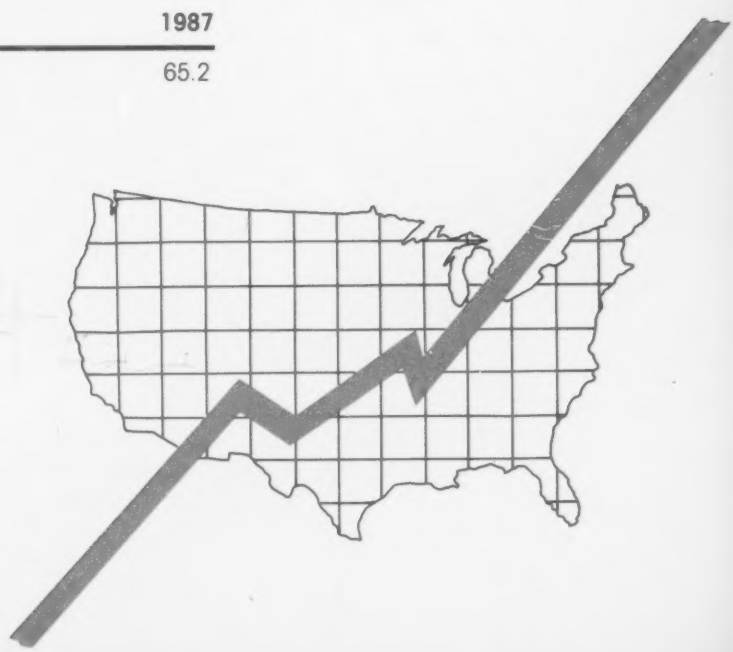
A REPORT CARD ON THE NATION'S HEALTH, 1987

Health-promoting Behavior	Adults Practicing (%)	Experts Rating, Scale 1–10	Value Contributed To Index
1. Do Not Smoke	72	9.78	4.2
2. Avoid Smoking in Bed	91	9.24	5.1
3. Wear Seatbelt	55	9.16	3.0
4. Avoid Driving After Drinking	77	9.03	4.2
5. Smoke Detector in Home	77	8.53	4.0
6. Socialize Regularly	81	8.31	4.0
7. Frequent Strenuous Exercise	33	8.20	1.6
8. Drink Alcohol Moderately	88	8.15	4.3
9. Avoid Home Accidents	80	8.07	3.9
10. Limit Fat in Diet	56	7.82	2.6
11. Maintain Proper Weight	23	7.71	1.1
12. Obey Speed Limit	57	7.65	2.6
13. Annual Blood Pressure Test	85	7.62	3.9
14. Control Stress	70	7.58	3.2
15. Consume Fiber	59	7.41	2.6
16. Limit Cholesterol in Diet	46	7.15	2.0
17. Adequate Vitamins/Minerals	63	7.12	2.7
18. Annual Dental Examination	76	7.08	3.2
19. Limit Sodium in Diet	57	7.04	2.4
20. Limit Sugar and Sweet Foods	49	6.90	2.0
21. 7–8 Hours Sleep/Night	65	6.71	2.6

Prevention Index = 65.2

PREVENTION INDEX SCORES

1984	1985	1986	1987
61.5	63.2	64.1	65.2



Importance ratings were obtained from a Louis Harris survey conducted for the Prevention Index project in 1983. Results are presented in "Prevention in America: The Experts Rate 65 Steps to Better Health." It is available from The Prevention Index, 33 E. Minor Street, Emmaus, PA 18098.

PART 2

Prevention in America 4: Steps People Take—or Fail to Take—For Better Health, Summary

The Prevention Index surveys provide one of the most comprehensive time-series assessments of health and safety factors ever obtained from national cross-sections of Americans.

This fourth annual nationwide survey of the American public was commissioned by *Prevention* Magazine, published by Rodale Press, as part of its ongoing project known as the Prevention Index. The Prevention Index is an annual measure of the effort Americans are making to prevent accidents and disease and to promote good health and longevity.

In order to discover which health and safety habits Americans are practicing, Louis Harris and Associates interviewed 1,250 randomly selected adults across the country by telephone, from November 14 through November 30, 1986. The interviews concentrated on important risk factors and habits believed to influence the long-term morbidity and mortality rates of the American people. Twenty-four key factors have been included in each of the four annual surveys.

The findings from the 1986 survey, when compared to the results of the 1985 survey, of the 1984 survey, and of the 1983 baseline survey, clearly reveal areas where the nation is progressing and areas where the nation is standing still or falling behind. With each additional year's data, this series of surveys grows in its power to illuminate a preventive health agenda for the nation.

In addition to tracking key trends, the 1986 survey also undertakes some special tasks. First, it examines *exercise and weight control for America's children*, because the problems adults experience in these areas seem to begin early in life. Also, it looks at *walking for exercise*, which seems to be a widely appealing and increasing activity for adults.

It should be noted that the findings reported here (as in all surveys) are subject to sampling error. The smaller subgroups in the sample (such as Hispanics, for instance) have the larger potential sampling fluctuations. Some of the findings reported here (and in other surveys) are probably also subject to a certain amount of additional error beyond the normal sampling errors. Whenever a form of behavior is perceived to be wrong, antisocial, or embarrassing, it is likely to be underreported, while socially acceptable or desirable behavior is likely to be somewhat overreported. The surprise, in many cases, is that so many people admit to such undesirable behavior as driving after drinking or smoking in bed. Notwithstanding these possible sources of error, the 1986 survey and its 1985, 1984 and 1983 counterparts provide one of the most comprehensive time-series assessments of health and safety factors ever obtained from national cross sections of Americans.

Louis Harris and Associates is responsible for final determination of the topics, question wordings, collection of the actual data, and analysis and interpretation in this report. However, over the past four years we have become very grateful to a number of people for valuable suggestions about the types of risk factors and preventive behaviors that needed to be considered. These people have included, among others: Ronald W. Wilson of the National Center for Health Statistics, Professor R. Barker Bausell of the University of Maryland, and Suzanne Irvine of Rodale Press. In conducting the 1986 survey we are additionally grateful to Thomas Dybdahl of Rodale Press for many new suggestions and insights.

This Summary Report presents the key findings from the 125-page complete report.

—Louis Harris and Associates, Inc.

Many Americans made progress in their efforts to promote health and safety during the years 1983–1984–1985–1986. Of the twenty-four key health and safety habits studied in all four surveys, the average adult American currently practices about two-thirds. This represents a small but steady rise from year-to-year during this time period. The most striking areas of stability versus change found in the four Prevention Index surveys are as follows.

Areas of Change That Represent Progress

—For the first time a majority of U.S. adults now wear seatbelts "all the time." Fifty-five percent of adults say that they wear seatbelts all the time when in the front seat of a car. This is a rise of 36 points since 1983, and 14 points just over the past year. This comes at a time when a growing number of states have begun to legally require use of seatbelts.

—Seventy-four percent of drivers now say that they never drink and drive. This is an improvement of six points during the time period of the four surveys and is a statistically significant shift. It comes at a time when some states have imposed increased penalties for drunken driving. But it still leaves 26% of all drivers who admit to driving after drinking at least sometimes.

—Fifty-seven percent of adults say that they try a lot to get enough calcium. This represents an increase of 7 points from 1983. It happens at a time when increased attention is being given to the value of calcium in preventing osteoporosis and other diseases. The increase in calcium consumption is almost entirely due to women, who especially benefit from the mineral. The figures for women are up by 13 points from 53% in 1983 to 66% in 1986. The results for men increased only one point during the same period. Thus, the recent information campaign about calcium seems to be getting through to the people who need it most.

—Americans have begun to shift their cholesterol habits, but the process is slow and still lacks momentum. Forty-six percent of adults say they "try a lot" to avoid eating too many high-cholesterol foods. This gain of 4 points since 1983 is statistically significant, but cholesterol avoidance remains the area of *least* effort among the seven aspects of diet and nutrition examined in each year's survey. Forty-six percent of adults say they have a blood test for cholesterol at least once a year. This seeming rise of three points is just short of reaching statistical significance. However, a small improvement in this area is probably happening, because a statistically significant rise in blood tests for cholesterol *was* measured last year. These modest gains occur at a time of widespread publicity about the dangers of cholesterol. But the fact that the shifts are so small shows how difficult it is to change Americans' behavior in this particular area.

—Forty-five percent of women say they examine their breasts at least once a month for signs of cancer. This represents an 8 point rise since 1983.

—Eighty percent of women have a Pap smear test for cancer every year or two. This represents a statistically significant improvement of five points since 1983.

—Seventy-six percent of adults have a dental visit at least once a year. This rise of 5 points since 1983 is also statistically significant.

—Sixty-four percent of adults say they take steps to control or reduce stress. This is up 5 points since 1983 but is off the peak of 70% reported two years ago.

—Ninety-one percent of adults say that no one in their home smokes in bed. This is three points higher than in 1983 and the shift is a significant one. While the number who admit to smoking in bed may seem small, some experts say they cause a major fraction of all domestic fires, so that any improvement is important.

—Seventy-seven percent of adults say they have a smoke detector in their home. This has risen 10 points since 1983. The one point rise since last year's survey, although not significant in itself, is consistent with the continuing diffusion of this invention into homes in all social strata of American society.

—Eighty percent of adults say they take specific steps to avoid accidents in and around their home. This is up 8 points since 1983, but is unchanged since last year's survey.

SURVEY HIGHLIGHTS

Of the twenty-four key health and safety habits studied in all four surveys, the average adult American currently practices about two-thirds.

Areas of Stability That Are Favorable

—Seventy-two percent of adults do not now smoke cigarettes, while 27% do smoke. This is the lowest proportion of cigarette smokers ever measured in any Harris survey. Although not significantly different from last year's level, it is consistent with a drop of more than 15 points since the mid-1970's. Again this year, the smoking rates of men and women are statistically indistinguishable.

—Fifty-six percent of adults drink alcohol "moderately" (i.e., 3 or fewer drinks on a day when they do drink) and another 32% never drink at all. These figures represent no significant shift during the years of the Prevention Index Survey.

—Fifty-five percent of adults, on average, say they "try a lot" to watch the seven key areas of diet and nutrition that were investigated in all four annual surveys. When all seven aspects are viewed together, this represents the same overall level of effort in the area of nutrition as measured in each of the previous years. But it encompasses a range of efforts. Getting enough vitamins and minerals is the individual area of *greatest* effort (63% try a lot), while avoiding high-cholesterol foods is the individual area of *least* effort (only 46% try a lot). The only aspects which have registered a significant individual shift are calcium consumption, and cholesterol avoidance, both up as reported above.

—Eighty-five percent of adult Americans say they have a blood pressure test at least once a year. This rise of 2 points since 1983 is not statistically significant.

Areas of Stability That Are Unfavorable

—Just 33% of adults get strenuous exercise three or more days per week. This finding is similar to the levels registered in the previous three surveys. A slight seeming decline in exercise, which was reported last year as being just short of statistical significance, reversed itself in this year's survey, so that over the four annual surveys the frequency of exercise now appears essentially stable. Far too many Americans lead sedentary lives.

—Less than one-quarter (23%) of adult Americans are within the weight range recommended for persons of their sex, height, and build, while 59% are overweight. (If we widen the acceptable range to encompass +5% to −5% of the recommended range, then 48% of adults qualify as within the acceptable range while another 44% are categorized as overweight.) These figures are approximately the same as those registered in the previous three years.

—And, of course, 27% of adults still smoke cigarettes. Moreover, women—once less likely to smoke—now smoke as frequently as men.

Areas of Change That Represent Retrogression

—Only 51% of drivers report that they drive at or below the speed limit all the time. This is down 5 points from 1983. The finding is consistent with receding memories of the oil crisis that previously limited long-distance travel and led to lowered legal speed limits. The finding is also consistent with less vigorous enforcement of speed limits in recent years.

What Motivates Preventive Behavior

—Fifty percent of adults say that, during the past five years, information in a health book or a health magazine made them consider changing their health habits.

—Only 30% say that in the past five years a doctor has given them unsolicited advice about improving their health habits.

—People who were influenced by books and magazines tend to practice more preventive habits than do people who were not thus influenced. But the evidence is more complex on the impact of advice from physicians, because such advice is particularly likely to be given to people who are already ill or already practicing a number of bad habits.

—A plurality (43%) say that health care services in their area should give more emphasis to prevention rather than to treatment. People who hold this belief tend to practice more preventive health habits.

Special Areas of Inquiry in the 1986 Survey

—Large majorities of children appear to get exercise and to be within the normal weight range. But even among America's children we can already discern some of the roots of the problems of exercise and weight control that afflict adult society. For instance, among children age 5 through 17 years, three times as many *heavy* children were found (32%) as were expected (10%), based on standardized weight norms developed some years ago. Children from lower income homes are more likely to be heavy and to get less frequent exercise than children from higher income homes.

—Walking as exercise appeals to a majority of adults and appears to be on the rise. Sixty-nine percent of adults say that within the past month they have done walking for exercise. Of these, 72% say they do it several times a week or more, and 66% say they usually walk a mile or more at a time. Three in ten (29%) say they are walking more now than a year ago. Moreover, walking is pursued by all types of adults. Older and less affluent Americans, for example, are no less likely to do it.

SECTION 1

Exercise And Weight Control By Adults

Despite efforts to promote fitness, only one-third of adults get frequent, strenuous exercise. A majority are overweight.

Exercise by Adults

Far too few Americans get frequent strenuous exercise. Only one-third of adults say they exercise three or more days a week for a period of at least 20 minutes so that they "breathe heavily and (their) pulse and heart rate are accelerated." Almost one-quarter say they *never* exercise this strenuously.

Since the first in this series of surveys was conducted for The Prevention Index in 1983, the proportion of Americans who get frequent strenuous exercise has remained roughly stable. Table 1-1 presents the trend figures from all four annual surveys.

A possible slight decline in the frequency of strenuous exercise that was observed in last year's survey, and that was reported then as falling just short of statistical significance, reversed itself in the 1986 survey results, which look remarkably close to those originally obtained in 1983. This basic stability is confirmed by the results of a separate trend question on the *regularity* of exercise. The proportion of adults saying that they get "regular" exercise of some kind has stood between 75% and 78% across all four annual readings.

The groups most likely to get frequent strenuous exercise have also persisted. Based on 1986 data, these patterns are presented in Table 1-1. They include: men, younger people, those who are better educated, those in households with income over $25,000 per year, and those who describe themselves as in excellent health. People in the Western region of the United States also seem to exercise somewhat more frequently than those living elsewhere.

Weight Control by Adults

Weight control is a problem for a majority of American adults. Only 23% of American adults aged 25 years and older are within the weight range recommended for persons of their height, body build, and sex.* Of the 77% not within that range, the majority (59%) are overweight, while 18% are underweight.

The trend in weight control across the four annual surveys has been roughly stable. Table 1-1 presents the figures from each of the four readings conducted for The Prevention Index.

A possible slight rise in the proportion of Americans who are overweight, which was observed in last year's survey and which was then reported as falling just short of statistical significance, reversed itself in the 1986 survey. The 1986 results closely parallel those originally measured in 1983.

Weight control problems remain pervasive, touching all segments in society. The proportions of various subgroups who are within the recommended weight range are also shown in Table 1-1. In each of the four annual surveys, few strong demographic patterns have typically been found, except that younger adults consistently do better at controlling their weight. Such a relative lack of differences among demographic groups indicates that *many* types of Americans are likely to have weight problems.

However, the recommended weight ranges tend to be rather narrow and, therefore, rather strict goals for people to meet. Accordingly, the table also shows the proportion of adults who are *close* to the recommended range, i.e., either within the desirable range or between 5% over and 5% under the range. Overall, 48% of adults would be classified as "close," using this more relaxed or generous criterion, while 44% would be classified as overweight.

This way of looking at the data is revealing. People who tend to have more success in keeping their weight under control include: those under age 50, college graduates, those in the higher income brackets, and those in occupations at the professional-manager-proprietor level. Those who exercise frequently also have more success in controlling their weight.

**Recommended ranges for adults are based on the "old" Metropolitan Life Insurance tables because of statistical controversies provoked by the newer tables. Reported percentages are based on the 94% of adults aged 25 and over whose weight/height/body build/sex combination could be classified. Reported weight and height are adjusted for shoes and clothing. The details of the Metropolitan Life Insurance tables can be found reprinted in many sources, such as Randolph Lee Clark and Russell W. Cumley (eds.),* The Book of Health, *3rd edition (New York: Van Nostrand Reinhold, 1973), and William A. R. Thompson,* Black's Medical Dictionary, *33rd edition (Totowa, N.J.: Barnes and Noble, 1981).*

Feeling Overweight and Trying to Lose Weight

Forty-three percent of all American adults *feel* overweight at the present time. And 41% of all American adults have *tried to lose* some weight during the past month.

Women are more likely than men to feel overweight, and middle-aged adults in their 40s and 50s are more likely to have actually tried to lose weight in the past month, as are those who live in the Eastern region of the country. But there are no other strong demographic patterns, which underscores the basic pervasiveness of a problem that touches most social groups.

Recognition that one is overweight appears to be an important step toward actually trying to lose weight. While 65% of those who *feel* overweight have tried to lose, just 49% of those who objectively *are* over the recommended weight range have tried to lose.

Table 1-1

WHO GETS EXERCISE AND KEEPS WEIGHT WITHIN RECOMMENDED RANGE

	Base		Exercise Strenuously Three or More Days per Week	Weight Within Recommended Range*	Weight Within ± 4.9% of Recommended Range*
Total Adults for 1983	**1254**	**%**	**33**	**23**	**48**
Total Adults for 1984	**1253**	**%**	**33**	**23**	**49**
Total Adults for 1985	**1256**	**%**	**30**	**21**	**46**
Total Adults for 1986	**1250**	**%**	**33**	**23**	**48**
Sex					
Male	602	%	41	22	49
Female	648	%	26	24	47
Race					
White	1030	%	33	24	49
Black	111	%	28	17	41
Hispanic	77	%	43	15	37
Age					
Under 30 years	309	%	43	30	59
30–39 years	326	%	36	23	52
40–49 years	179	%	30	26	51
50–64 years	245	%	27	18	38
65 and over	191	%	19	21	43
Education					
Not high school graduate	188	%	20	20	42
High school graduate	445	%	36	22	50
Some college	315	%	29	21	42
Four-year college graduate	302	%	41	29	55
Household Income					
$7,500 or less	123	%	27	14	36
$7,501–$15,000	169	%	30	25	44
$15,001–$25,000	264	%	30	21	49
$25,001–$35,000	234	%	36	19	47
$35,001–$50,000	201	%	36	28	50
$50,001 and over	137	%	36	32	57
Self-Described Health Status					
Excellent	347	%	41	28	54
Very good or good	725	%	31	22	46
Fair or poor	176	%	24	19	42
Those Who Say Health Care Services Should Give More Emphasis					
To prevention	543	%	36	24	49
To treatment	100	%	32	8	37

*Based on the 94% of adults aged 25 and over whose weight/height/body-build/sex combination could be classified (N = 1022)

Walking for Exercise and Weight Control

One type of exercise that seems to be within the ability of a large portion of adults is *walking*. Sixty-nine percent of adults say that within the past month they have done walking for exercise. Of these, 72% say they do it several times a week or more, and 66% say they usually walk a mile or more at a time. Moreover, walking appears to be on the increase; 29% say that they are walking more now than they recall doing a year ago, while only 16% say they are walking less now. Table 1-2 shows the figures.

An important finding is that walking is pursued by all types of Americans. The demographic patterns we found in the case of strenuous exercise, reported earlier, hold much less strongly in the case of walking. Thus, older adults are as apt to report that they walk for exercise as are younger adults. And less affluent adults are as apt to report walking for exercise as are the more affluent. When it comes to *how often* they walk, older and less affluent Americans are actually more likely to say they walk on a daily basis than are their younger and less affluent counterparts. But when it comes to *how far* they walk, younger and more affluent adults are still more likely to say they walk a greater distance (more than a mile at a time).

Walking also seems to be one of the strategies that many Americans draw upon in their efforts at weight control. Seventy-four percent of those who tried to lose weight within the previous month say that they walked for exercise. Of these, 71% walked several times a week or more and 66% walked at least a mile at a time. But these figures are not too different from those for the total adult population. Thus, those who are trying to lose weight do not appear to draw on walking as much as they *might* to aid them in their efforts.

Table 1-2

WALKING FOR EXERCISE AND WEIGHT CONTROL

		Age		Income		Those Trying to Lose Weight
	Total	Under 50	50 or Older	Under $35,000	Over $35,000	
Base	1250	814	436	790	338	512
	%	%	%	%	%	%
Walking for Exercise						
Yes, have walked in past month	69	69	68	68	70	74
No, but ran or jogged (vol.)	2	3	1	2	3	2
No, have not walked	29	28	30	29	28	24
(Base: Those who walk for exercise)	(857)	(558)	(299)	(537)	(232)	(373)
	%	%	%	%	%	%
Frequency of Walking						
Once	2	3	2	3	2	2
2 to 3 times in a month	11	14	7	11	14	14
Weekly	13	15	10	12	15	12
Several times a week	31	31	30	28	37	36
Daily	41	36	51	44	30	35
Change from Year Before						
More often now	29	33	22	31	28	35
About the same	54	50	62	52	56	49
Less often now	16	16	15	16	16	14
Usual Distance Walked						
More than a mile	52	55	44	48	62	50
Less than a mile	33	31	35	36	26	32
Exactly one mile (vol.)	14	12	18	15	11	16

SECTION 2

Children's Exercise and Weight

Large majorities of children appear to get exercise and to be within the normal weight range. But, even among America's children we can already discern some of the roots of the problems of exercise and weight control that afflict adult society.

Children's Exercise

Seventy-one percent of children from age five through age 17 get strenuous physical *exercise* three or more times every week. This is a far higher level of exercise than practiced by adults. But, some patterns observed for adults already seem to be evident in the case of children. Boys get exercise somewhat more frequently than girls, and children from more affluent homes tend to get exercise more than do children from less affluent homes (Table 2). Such patterns appear to be established during childhood and to persist into adult life.

Adults who have children in their household seem aware of these patterns to some extent, but on the whole they think their children are physically fit. Nearly nine out of ten adults (88%) judge their child to be "physically fit." But, this figure drops slightly in the case of low income families, and when the child is a girl, showing that adults recognize the lower level of exercise actually practiced by these two categories of children.

On the whole, adults endorse the *status quo* regarding the amount of physical education offered in the nation's schools. Seventy-five percent of adults who have a child in their household say that the number of physical education classes their child has at school is "about right." Only 21% of adults think there are "too few" physical education classes.

Table 2

CHILD EXERCISE

Base: Children from age 5 through age 17

		Sex of Child		Household Income		
	Total	Boy	Girl	$15,000 or Less	$15,001 to $35,000	$35,001 and Over
Base	385	201	184	56	166	138
	%	%	%	%	%	%
Exercise						
Child gets strenuous physical exercise *three or more* times every week	71	82	61	64	68	76
Child gets strenuous physical exercise *less* often than three times a week	27	17	36	33	30	22
Fitness As Seen By Adult						
Child is physically fit	88	93	83	79	89	91
Child is out of shape	11	6	16	19	9	9
Adults' View of Child's Physical Education Classes						
Too many	1*	2	*	1	1	2
About right number	75	74	77	78	74	73
Too few	21	22	21	19	21	24

*Less than 0.5%

Children's Weight

Sixty-two percent of children age five through age 17 years are within the *weight* range that is typical for their age and sex. Again, this is a much larger proportion than the equivalent figure for adults. However, one important pattern observed for adults seems to be already evident among children. More children from lower income homes tend to be "heavy" in weight than do children from higher income homes.

Many adults seem not to recognize that their child is heavy. Only 16% of adults say they *feel* their child is overweight. This figure rises to 22% in the case of lower income families, and when the child is a girl. Some of the gap between the child's objective heaviness and the perception of the child being overweight must be due to misperception or lack of awareness by adults.

Not all of that gap is due to misperception, however. Some of the 32% of children who qualify as "heavy" may simply be unusually tall or big boned for their age rather than actually overweight.

It is important to keep in mind that the "normal" weight range for children does not have the same meaning that the "recommended" weight range has for adults. The recommended weight range for adults is a desirable range, based on an analysis of mortality data. For children, however, mortality data are not part of the calculation. For children the typical weight range describes a statistical *norm* based on samples of children in years past who fell into particular age/weight/sex categories.*

A number of years have passed since these weight norms were calculated, and it appears that American children may have been getting heavier during the interval. According to the norms, 10% of children should be expected to fall into the "heavy" category. However, we find in the 1986 survey that 32% of American children now qualify as "heavy" for their age and sex—three times as many as expected based on the older norms. When we previously measured children's weight, as part of the 1984 survey for the Prevention Index, we found 24% of children (age 3 or older) to be classified as "heavy."

*Weight norms for children based on studies at Harvard University and the State University of Iowa, are reprinted in C. Henry Kempe et. al., Current Pediatric Diagnosis and Treatment, 7th edition (Los Altos, California: Lange Medical Publications, 1982). Figures are based on the 94% of children aged five or older in the 1986 survey whose weight/age/sex category could be classified, based on information reported by an adult in their household.

SECTION 3

Diet and Nutrition

Since the first survey in 1983, America's eating habits have changed very little. But this year, for the first time, we may be doing better on limiting the cholesterol and sodium in our diets.

Eleven Aspects of Diet and Nutrition

On average 50% of adult Americans say they "try a lot" to watch eleven key aspects of nutrition. This ranges from a high of 65% who say they try a lot to eat vegetables in the cabbage family, to a low of 31% who say they try a lot to eat fish twice a week. Table 3-1 presents the results for each of the eleven nutritional factors.

Majorities report that they "try a lot" in regard to six of the individual factors. These include: eating vegetables in the cabbage family, getting enough vitamins and minerals, getting enough calcium, eating enough fiber, avoiding too much salt, and avoiding too much fat in food.

On the other hand, areas of *least* effort include: eating fish twice a week, avoiding caffeine, and avoiding foods that contain additives. Only between 3 and 4 out of every 10 adults say they try a lot in these areas.

The groups that are most likely to watch their overall nutrition have been consistently clear since the first Prevention Index survey in 1983. The groups that are most likely to "try a lot" on the eleven aspects of nutrition include: women, people over age 50, and those who think that more emphasis needs to be given to prevention. Differences among other subgroups tend to be rather small and undramatic.

Trends over time are fairly stable for most of the individual nutrition factors included in the annual surveys.

One dramatic change that has occurred is that 57% of adults now say they try to get enough *calcium*. This rise of 7 percentage points since 1983 was first observed in last year's survey and it is confirmed by the 1986 results. It occurs at a time when increased attention is being given to the value of calcium in preventing osteoporosis and other diseases. This increase in calcium consumption is almost entirely due to

Table 3-1

TREND IN SOME KEY ASPECTS OF DIET AND NUTRITION

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

	Percent Who Try a Lot			
	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1254	1253	1256	1250
	%	%	%	%
Get enough vitamins and minerals in foods or in supplements	63	57	63	63
Eat enough fiber from whole grains, cereals, fruits, and vegetables	59	58	59	59
Avoid eating too much fat	55	59	56	56
Avoid eating too much salt or sodium	53	54	54	57
Avoid eating too much sugar and sweet food	51	52	50	49
Get enough calcium in foods or in supplements	50	45	57	57
Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats	42	43	42	46
Avoid caffeine in beverages such as coffee, tea, and certain soda pop	x	34	37	34
Avoid foods that contain additives, such as preservatives, colorings, and artificial flavorings	x	37	33	36
Eat fish twice a week	x	x	34	31
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts, and cauliflower	x	x	62	65

x = Not asked

women, who especially benefit from the mineral. The figures for women are up 13 points, from 53% in 1983 to 66% in 1986. The results for men increased only one point during the same period. The rise is also highest among people in the middle age groups (Table 3-2).

Thus, the recent information campaign about calcium seems to be getting through to many of the people who need it most. But the lack of an additional gain in 1986 raises the possibility that while a new plateau of awareness may have been reached by 1985, it could require another increase in publicity in order to raise awareness to higher levels yet.

A second area where a trend is visible concerns *cholesterol*. The proportion of adults saying they try a lot to avoid eating too many high-cholesterol foods rose by four percentage points from 42% in 1983 to 46% in 1986. This is a statistically significant shift. The improvement comes at a time when increased attention is being given to the dangers of cholesterol in the diet. But such a small rise in the face of widespread publicity demonstrates just how difficult it is to affect Americans' awareness and behavior on this particular topic. As Table 3-2 shows, the campaign up to the present time seems to have reached women more successfully than men, and to have reached the oldest age group somewhat more successfully than younger ones.

A third area of nutrition bears close watching in the future. Avoidance of salt or sodium has risen by nearly 4 points, but the shift falls just barely short of statistical significance at this time.

It is not possible to infer exactly how all these responses translate into actual day-to-day behavior—that is, how often and to what extent people are actually practicing good nutritional habits. However, it is certainly desirable that as many people as possible come to "try a lot" to achieve the various nutritional goals.

Table 3-2

CHANGES IN CALCIUM CONSUMPTION AND CHOLESTEROL AVOIDANCE FROM 1983 TO 1986

Calcium Consumption	"Try a Lot" to Get Enough Calcium		Percentage Point Change From 1983 to 1986
	1983 Survey	1986 Survey	
Total Adults	**50%**	**57%**	**+7**
Sex			
Male	47	48	+1
Female	53	66	+13
Age			
18–29 years	47	55	+8
30–39 years	52	53	+1
40–49 years	47	56	+9
50–64 years	49	60	+11
65 and over	59	66	+7

Cholesterol Avoidance	"Try a Lot" to Avoid High Cholesterol Foods		Percentage Point Change From 1983 to 1986
	1983 Survey	1986 Survey	
Total Adults	**42%**	**46%**	**+4**
Sex			
Male	36	37	+1
Female	47	54	+7
Age			
18–29 years	23	34	+6
30–39 years	45	42	−3
40–49 years	41	47	+6
50–64 years	48	53	+5
65 and over	57	65	+8

Smoking and Nonsmoking

Seventy-two percent of American adults say they do not smoke cigarettes; 27% say they do. This is the lowest smoking rate and the highest nonsmoking rate ever recorded in a Harris survey designed to measure this trend. While these figures are not significantly different from the level registered in last year's survey, they represent a continuing decline of over 15 points in smoking during the past decade as shown in Table 4.

Nonsmoking is a crucial preventive step that people can take. One hundred and three health experts interviewed as part of the 1983 survey rated nonsmoking as the *number one* preventive health priority for adults.

The groups with the largest percentages of nonsmokers include people over age 65, college graduates, and those with over $25,000 annual household income. These patterns, also identified in each of the previous three surveys, seem to be persistent ones. The table shows who tends to be a nonsmoker.

One possible change measured in the 1986 survey that is very interesting is that 75% of the youngest adults—aged 18 to 29 years—now say they are nonsmokers. This is an improvement of 8 points over last year's survey. This merits continued observation in future surveys in case it signals the beginning of a change of behavior of young adults as a result of all the publicity about the dangers of smoking.

One of the most striking shifts over the past decade is the convergence in smoking behavior of men and women. By the time of the 1984 survey the two rates had fully converged. And, again in both the 1985 and 1986 surveys, women are statistically indistinguishable from men in terms of their rate of smoking versus nonsmoking.

Alcohol Use

One third of all adults say that they never consume alcoholic beverages. Another 56% drink moderately or lightly, i.e., they average three or fewer drinks on days when they do drink. These figures are virtually unchanged from the previous three surveys, as shown in the trend data in Table 4.

Of those who *do* drink, 8 out of 10 can be considered moderate (or light) drinkers. Groups who contain the most nondrinkers or moderate drinkers are shown in the table.

The groups with the largest proportion of *nondrinkers* include those who live in the South, those who live in small towns and rural areas, women, blacks, those aged 65 and older, and those on the lowest education, income, and occupational levels. These are persistent patterns, and were also observed in the 1985, 1984, and 1983 surveys.

Concerning those who drink *moderately*, a few of these same demographic patterns also hold. For example, female drinkers are more likely than male drinkers to drink moderately. And drinkers in the oldest age group are more likely to be moderate drinkers than are younger drinkers. But when it comes to factors related to social class, the pattern either evaporates or shifts. For example, as shown, *nondrinkers* are most likely to be found among the *least* advantaged educational, income, and occupational groups in the population as a whole. But in the *drinking* population moderate drinkers are most likely to be found among the *most* advantaged social groups.

This unusual inversion of demographic patterns was also observed in the 1985, 1984, and 1983 surveys. Analysis then suggested its origin lay in the historical, regional, cultural, and ethnic background of alcohol use versus non-

SECTION 4

Nonsmoking And Restricted Use Of Alcohol And Drugs

Twenty-seven percent of American adults say they smoke cigarettes. This is the lowest smoking rate ever recorded in a Harris survey.

use in America. It was concluded that the two behaviors—abstinence and moderate drinking—are not simply degrees along a continuum, but rather behaviors that must be understood separately.

Recreational Drugs

Ninety-three percent of American adults say they never use any recreational drugs, such as marijuana, speed, or downers. However, 7% are willing to say they do use such drugs. This finding is essentially unchanged from the two previous surveys which also found that over 9 out of 10 adults say they abstain from using drugs.

The groups most likely to use versus those most likely to abstain from recreational drugs can be discerned in Table 4. Drug use is somewhat higher among the youngest adults (aged 18 to 29 years), among males, and in central cities. But, the fact that there are no significant variations by such factors as education, income, and occupation suggest that *all* sectors of society have some experience with drug use. It is possible, of course, that different *types* of drugs are favored by various social classes.

Table 4

WHO RESTRICTS THEIR ALCOHOL, TOBACCO, AND DRUG USE

	Base		Do Not Smoke Cigarettes	Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately*	Never Use Any Recreational Drugs
Total Adults 1983	**1252**	**%**	**70**	**34**	**82**	**x**
Total Adults 1984	**1253**	**%**	**72**	**30**	**81**	**91**
Total Adults 1985	**1256**	**%**	**70**	**33**	**82**	**91**
Total Adults 1986	**1250**	**%**	**72**	**32**	**82**	**93**
Region						
East	312	%	69	28	84	93
Midwest	311	%	74	30	78	93
South	386	%	72	41	83	94
West	239	%	74	28	86	91
Urbanism						
Central city	379	%	69	29	79	89
Rest of metropolitan area	571	%	74	30	87	95
Outside metropolitan area	300	%	73	42	76	96
Sex						
Male	602	%	70	24	79	89
Female	648	%	74	40	87	97
Race						
White	1030	%	73	31	83	94
Black	111	%	64	41	79	88
Hispanic	77	%	81	37	86	90
Age						
18–29 years	309	%	75	24	74	86
30–39 years	326	%	72	25	81	92
40–49 years	179	%	66	29	89	97
50–64 years	245	%	67	39	88	98
65 and over	191	%	79	53	94	99
Education						
Not high school graduate	188	%	61	55	72	94
High school graduate	445	%	70	38	75	92
Some college	315	%	74	21	85	94
Four-year college graduate	302	%	82	21	92	93
Household Income						
$7,500 or less	123	%	69	48	84	92
$7,501–$15,000	169	%	70	41	67	91
$15,001–$25,000	264	%	65	33	75	92
$25,001–$35,000	234	%	79	31	88	94
$35,001–$50,000	201	%	74	21	91	93
$50,001 and over	137	%	78	14	87	96
Self-Described Health Status						
Excellent	347	%	81	26	84	93
Very good or good	725	%	71	31	84	93
Fair or poor	176	%	61	48	71	94

*Based on the 68% of all adults who sometimes drink; this proportion is not necessarily constant across subgroups. "Moderate" drinking is defined here as 3 or fewer drinks on a day in which alcohol is consumed.

x = Question not asked.

SECTION 5

Control Of Stress

Two-thirds of adult Americans say that they take conscious steps to control or reduce the stress in their life. This level of prevention is five points higher than that recorded in the first Prevention Index survey in 1983, but not quite so high as the levels recorded during the last two years. Table 5 shows the trend.

Steps to control stress appear to be needed because 59% of all adult Americans reported that they feel under great stress *at least once* a week. Thirty percent say they feel under great stress *several* days a week or more. The experience of stress (or at least the awareness of stress) also seems to be on the increase in American society. During the four annual readings of this survey the proportion of adults saying they never feel under great stress has declined by 6 percentage points, while the proportion reporting at least some stress has risen by an equal amount.

The experience of stress is very widely spread across demographic groups: the majority of *every* subgroup examined say they feel under great stress at least once a week, with the single exception of those aged 65 years and older. Groups who are particularly likely to feel under stress include college graduates, those in occupations at the professional-managerial-proprietor level, and the highest income group.

College graduates are also particularly likely to say they take steps to control or reduce stress. Women and people in their middle years (aged 30–49) are also particularly likely to do so. But the taking of steps to reduce stress is very broadly practiced: over 50% of *every* social group examined say that they take such steps.

Steps People Take to Control Stress

Some of the many steps people can take to deal with stress are shown in Table 5. Sixty-five percent say they get seven or eight hours of sleep most nights. Eighty-one percent say they socialize with close friends, relatives, or neighbors at least once a week. Both these figures have been roughly stable across the four years of The Prevention Index survey, although weekly socializing is down by four points from last year.

These resources for dealing with stress are widely available and broadly used across most demographic groups. Although college graduates and the highest income group are more likely to report getting 7–8 hours sleep, there are few other clear differences between social groups either in sleep, or in socializing. Thus, *all* groups in society seem to have at least some basic resources for dealing with stress.

For further findings on stress, please consult some of the previous surveys in this series. The 1985 Prevention Index survey examined the varied individual symptoms that people report when they feel under stress. The 1983 Prevention Index survey explored the many individual steps that people report taking when they try to deal with stress.

An Area to Watch in Future Surveys

Stress control is an area to watch closely in future surveys. In the face of an increasing number of adults who say they experience stress, efforts to deal with stress appear to be dropping off slightly from peak levels registered in the last couple of years. If sustained, such a drop, may indicate a need for increased campaigns to raise public consciousness in this area.

Table 5

TREND IN SOME ASPECTS OF STRESS

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1254	1253	1256	1250
	%	%	%	%
Frequency of Stress				
Almost every day	16	13	14	17
Several days a week	12	14	13	13
Once or twice a week	27	31	33	29
Less often than once a week	29	30	30	30
Never	16	10	10	10
Not sure	1	2	1	1
Steps To Control Stress				
Yes, take steps to control	59	70	69	64
No, don't take steps	38	29	31	35
Not sure	3	1	1	1
Sleep				
6 hours or less	25	26	26	26
7–8 hours	64	63	64	65
9 hours or more	10	10	9	9
Not sure	1	1	*	1
Socializing With Others				
Once a week or more	84	85	85	81
Less than once a week	16	14	15	19
Not sure	*	1	*	*

*Less than 0.5%

SECTION 6

Safety Precautions

Auto Safety

For the first time, a majority of American adults say that they consistently wear auto seatbelts. Fifty-five percent of American adults now say they wear a seatbelt "all the time" when in the front seat of a car. This is a rise of 36 points over the level recorded in the 1983 survey and a rise of 14 points in just one year since the last Prevention Index survey. Table 6-1 shows the annual trend.

The improvement occurs during a time when an increasing number of states have passed laws to require seatbelt use. Such laws have a dramatic effect. Respondents living in the eight states which were the first to pass mandatory seatbelt laws registered a 33 point surge in seatbelt usage during the year their laws took effect. Respondents living in the second 16 states which were the next to pass mandatory seatbelt laws experienced a 25 point jump in seatbelt usage during the year their laws took effect. Respondents living in the 25 states which still have no mandatory laws continue to buckle up at much lower rates. Figure 6-1 shows the dramatic effect on behavior from this legal intervention.

However, 15% of adults still say that they "never" wear seatbelts.

Table 6–1

TREND IN SOME ASPECTS OF AUTO SAFETY

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1251	1253	1256	1250
	%	%	%	%
Wearing Seatbelts				
All the time	19	27	41	55
Sometimes	26	33	31	29
Never	53	39	28	15
Not applicable (vol.)	1	1	*	1
Not sure	*	*	*	—
Base. Drivers only	**1983 Survey**	**1984 Survey**	**1985 Survey**	**1986 Survey**
Base	1097	1108	1102	1109
	%	%	%	%
Driving at or Below Speed Limit				
All the time	56	52	50	51
Sometimes	38	43	45	43
Never	5	5	5	5
Not sure	*	*	*	*
Driving After Drinking				
All the time	5	4	3	3
Sometimes	25	27	25	23
Never	52	53	59	56
Don't drink (vol.)	16	15	12	18
Not sure	2	*	1	*

*Less than 0.5%

A striking pattern is that change has penetrated all social groups: Americans of all ages, all income brackets, and all educational levels have dramatically increased their use of seatbelts. This pattern is to be expected when a preventive behavior has been mandated by law. Rather, it is when compliance is based mainly on individual awareness, enlightened self-interest, and personal ability to comply that some social groups are seen to practice preventive behavior more than others.

The level of seatbelt use is particularly important in light of the fact that only 51% of those who drive say they drive at or below the speed limit "all the time." This is down by 5 points from 1983 which is a statistically significant drop. The finding is consistent with receding memories of the oil crises that previously limited long-distance travel and that led to lowered legal speed limits in order to conserve fuel. The finding is also consistent with less vigorous enforcement of the lower speed limits in recent years.

A majority of drivers (56%) say they "never" drive after drinking. (Another 18% of drivers say they never drink to begin with.) These findings together represent a slight but significant improvement of six points over those reported in the 1983 survey. It comes at a time when some states have imposed increased penalties for drunken driving.

But it still leaves 26% of all drivers who do admit to driving after drinking at least part of the time ("sometimes" plus "all the time"). The full time trends are given in Table 6-1.

The groups most likely to wear seatbealts all the time include Westerners, and those with greater education, a higher income, and a more prestigious occupation. These appear to be persisting patterns since they were also identified in the 1985, 1984, and 1983 surveys. The groups who are most likely to say they never exceed the speed limit and that they never drive after drinking include women, the oldest generation, those with less education, and those in blue collar labor or service occupations. Most of these are also persistent patterns.

Safety in the Home

Efforts at home safety have risen during the four years of The Prevention Index survey. For example, 80% of adults now say they take "special steps or precautions" to avoid accidents in and around their home. This is a rise of 8 points since the 1983 survey and confirms the improvement reported during the last two surveys.

As an example of steps people can take, 77% of adults say they have a smoke detector in their home. This is a rise of 10 points since the 1983 survey and appears to be a continuing trend. Table 6-2 shows the full trend data.

Ninety-one percent of adults say that no one in their home ever smokes in bed, or else that no one smokes to begin with. That figure has increased by three points since the 1983 survey and represents a statistically significant improvement. Any shift in the number of people who smoke in bed is very important because some experts estimate that a major fraction of all domestic fires are caused in this way.

Some groups take home safety precautions more often than others. In general, there tend to be few strong or striking patterns in *trying to avoid* home accidents. Since this behavior can be performed without necessarily incurring any cost, all social classes are capable of practicing it to roughly equal degrees.

But when it comes to *smoke detectors*—which usually do require some monetary outlay—the effect of social class is visible. Those with greater education (who learn about new inventions quickest) and those with higher income (who can afford them most easily) are significantly more likely to have installed smoke detectors in their home.

However, some of these differences between occupation groups and income groups are faded or muted when compared to those that existed just three years ago. While the patterns of 1983 are still visible in 1986, the gaps between more advantaged groups and less advantaged groups have shrunk. This is consistent with the continuing spread and diffusion of smoke detectors as this innovative technical device has penetrated beyond the groups who first purchased it and has progressively reached into households in all sectors and levels of society. The spread of smoke detectors may also have been aided by the fact that many building codes around the country have come to require smoke detectors, especially in rental housing.

Perhaps the largest gap has been closed during those years by blacks, who have increased their use of smoke detectors by 25 points and whose usage now nearly matches that of whites. Another of the largest gaps has been closed by residents of the South, who previously lagged behind but who have now nearly caught up with the East coast and West coast regions that initially led the way in using smoke detectors.

Table 6–2

TREND IN SOME ASPECTS OF SAFETY AT HOME

Q: Do you take any special steps or precautions to avoid accidents in and around your home?

Q: Do you have a smoke detector in your home, or not?

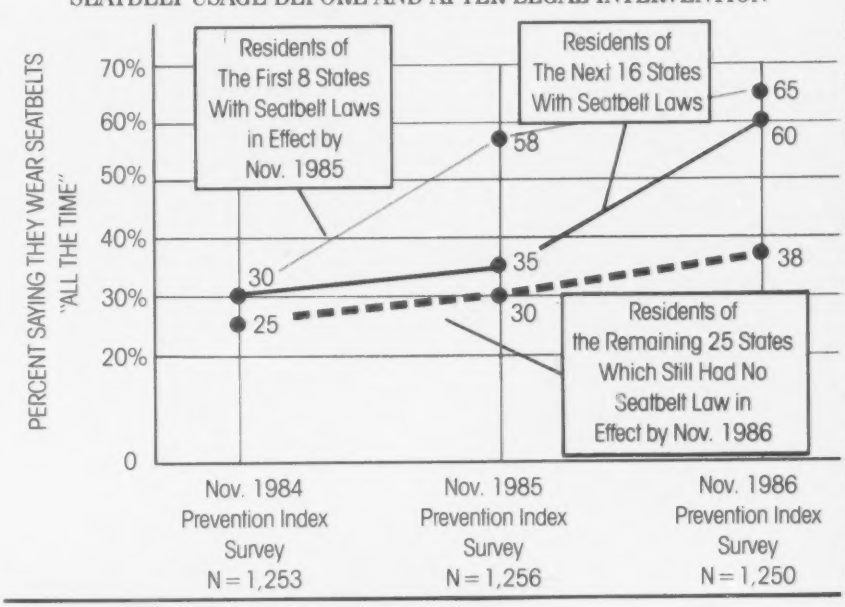
Q: Does anyone in your household ever smoke in bed, or not?

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1251	1253	1256	1250
	%	%	%	%
Precautions at Home				
Yes, take steps	72	81	80	80
No, don't take steps	26	18	19	19
Not sure	1	1	*	1
Smoke Detector				
Have a smoke detector	67	74	76	77
Do not have	32	26	24	23
Not sure	*	*	*	1
Smoking in Bed				
Yes, someone smokes in bed	11	11	9	8
No, no one ever smokes in bed	85 } 88	74 } 89	89 } 91	86 } 91
No one in household smokes (vol.)	3 }	15 }	2 }	5 }
Not sure	*	1	*	*

*Less than 0.5% x = Not asked

Figure 6-1

SEATBELT USAGE BEFORE AND AFTER LEGAL INTERVENTION


PERCENT SAYING THEY WEAR SEATBELTS "ALL THE TIME"
70%
60%
50%
40%
30%
20%
0
Residents of The First 8 States With Seatbelt Laws in Effect by Nov. 1985
Residents of The Next 16 States With Seatbelt Laws
Residents of the Remaining 25 States Which Still Had No Seatbelt Law in Effect by Nov. 1986
30
25
58
35
30
65
60
38
Nov. 1984 Prevention Index Survey N = 1,253
Nov. 1985 Prevention Index Survey N = 1,256
Nov. 1986 Prevention Index Survey N = 1,250

SOURCE: Annual surveys conducted for *Prevention* magazine by Louis Harris and Associates

First 8 States with Seatbelt Law by Nov. 1985	Next 16 States with Seatbelt Law by Nov. 1986	
New Jersey	Connecticut	Iowa
New York	Massachusetts	Kansas
North Carolina	Maryland	Minnesota
Texas	Washington, D.C.	Idaho
Illinois	Florida	New Mexico
Michigan	Tennessee	Utah
Missouri	Louisiana	California
Nebraska	Ohio	Washington State

LAW SOURCE: National Safety Council, 444 North Michigan Ave., Chicago, Illinois 60611

SECTION 7

Periodic Medical Exams And Tests

The practice of procedures that require professional personnel is related to such economic factors as income, occupation or education. But where screening tests are easy, inexpensive and widely publicized, Americans of all social classes tend to take advantage of them.

Most adult Americans report that they have several important periodic medical exams or tests, although not always with the frequency that is recommended by authorities. Some are procedures that require professional medical or laboratory personnel. Others are procedures that can, at least potentially, be done by oneself. The trends are presented in Table 7-1.

Blood Pressure Reading

Eighty-five percent of adults say they have a blood pressure reading at least once a year. This is a rise of two points since the first year of The Prevention Index survey, and it is a rise of three points for those having the test more often than once a year. But the 1986 figure is slightly off the peak level registered last year.

There are *no* strong differences among economic groups or other social groups. A blood pressure reading is a test that one can potentially do without professional medical personnel (and expense), which may help to account for the relative high percentage throughout all sectors of society. This is significant since hypertension is perhaps the most widespread serious condition to be found in American society.

Groups who are most at risk of hypertension—such as older people and blacks—tend to have their blood pressure taken even more often than once a year.

Blood Test for Cholesterol

Forty-six percent of adults say they have a blood test for cholesterol at least once a year. This is a rise of 3 points since the 1984 survey when this topic was first introduced. However, it is slightly off the peak measured in last year's survey. The fact that—in the face of vastly increased publicity about cholesterol—there has not been a more dramatic or consistent rise in blood testing underscores just how difficult it is to change Americans' understanding and behavior on this topic.

Table 7-1

TREND IN MEDICAL EXAMS AND TESTS

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
Base	1254	1253	1256	1250
	%	%	%	%
Blood Pressure Reading				
More often than once a year	52	59	59	55
Once a year	30 } 83	26 } 86	28 } 86	29 } 85
Every two years	6	5	5	5
Every three or four years	2	2	3	3
Every five years or less often	3	2	3	4
Never	5	3	2	3
Not sure	2	2	1	1
Cholesterol Blood Test				
More often than once a year	x	17	20	18
Once a year	x	26 } 43	28 } 48	28 } 46
Every two years	x	8	7	8
Every three or four years	x	6	4	5
Every five years or less often	x	4	6	5
Never	x	32	29	30
Not sure	x	7	5	6
Dental Exam				
More often than once a year	44	45	46	49
Once a year	27 } 71	27 } 72	28 } 74	27 } 76
Every two years	8	7	7	6
Every three or four years	4	4	3	3
Every five years or less often	11	10	4	4
Never	11	10	11	11
Not sure	3	1	1	1

*Less than 0.5%. x = Not asked.

Moreoever, there is evidence that cholesterol tests continue to be more associated with *treatment* than with *prevention*. Those who describe themselves as in "fair or poor" health are much more likely to have had a cholesterol test. Those who believe that health care services should give more emphasis to treatment (rather than to prevention) are also more likely to have had a cholesterol test. There are no strong differences between social classes.

All these findings are signs that prevention of high cholesterol has not yet gained momentum.

Dental Exam

Seventy-six percent of adults say they visit the dentist at least once a year. This figure has risen by 5 points since the first survey and has now become a statistically significant improvement. Groups most likely to have such an annual dental checkup include those under age 50, those with greater education, those with higher income, and those with more prestigious occupations.

Pap Smear for Women

Eighty percent of adult women say they have a Pap smear test every one or two years. That represents a rise of 5 points across this series of Prevention Index surveys and represents a statistically significant improvement (Table 7-2). Groups that are most likely to have the test this often include younger women, college educated women, and women in households with more prestigious occupations.

Breast Self-Exam for Women

Forty-five percent of adult women say they examine their breasts at least once a month for signs of cancer. This test shows a statistically significant rise of 8 points since the first year of the Prevention Index survey. But it is slightly off the peak registered last year.

An interesting finding is that the frequently encountered social class pattern does not seem to operate in the case of the breast self-exam. Indeed, the usual pattern even seems to be reversed: women at *lower* income levels are actually more likely to perform this test than are women at higher income levels. This unusual social class pattern, which runs counter to the findings for many other tests studied, has appeared in one form or another in *each* of the four Prevention Index surveys. In past years, for example, it was manifested by the finding that women with fewer years of education and that women from blue-collar households were more likely to perform the breast self-exam.

A persistent pattern across the four annual surveys has been for the practice of those procedures that require professional medical or laboratory personnel (and expense) to be related to such economic factors as income, occupation, or education. However, those exams or tests that do not necessarily require medical or laboratory personnel tend *not* to be practiced any more frequently by those with more economic advantages. And in one case (breast self-exam) Americans with fewer economic resources are especially likely to practice it. This suggests that, where screening tests are easy, inexpensive, and widely publicized, Americans of *all* social classes tend to take advantage of them.

Table 7-2

TREND IN TESTS AND SELF-EXAMS FOR WOMEN
Base: Women only

	1983 Survey	1984 Survey	1985 Survey	1986 Survey
	646 %	634 %	640 %	648 %
Pap Smear				
More often than once a year	18	23	15	17
Once a year	49 } 75	46 } 77	54 } 78	55 } 80
Every two years	8	8	9	8
Every three years	4	3	3	4
Every four or five years	3	2	3	2
Every six years or less often	2	4	3	4
Never	13	11	12	7
Not applicable (vol.)	1	2	1	2
Not sure	2	1	1	*
Breast Self-Exam				
At least once a month	37	42	48	45
Several times a year	30	27	30	30
Once a year	9	10	8	6
Less than once a year	4	4	3	3
Never	15	13	9	12
I never do it—doctor does it (vol.)	2	2	1	3
Not applicable (vol.)	*	*	-	*
Not sure	1	1	1	*

*Less than 0.5%.

SECTION 8:

Who Practices Health Habits And Safety Precautions

The average adult American presently practices just about two-thirds of the preventive habits measured in this study that apply to him or her. This represents a small but steady rise from year to year during the time period of the Prevention Index surveys. It means that the statistically typical adult now practices more habits (about 2 out of 3 of all habits considered) than he or she neglects (about 1 out of 3 of the habits considered). But it also means he or she still has a considerable way to go.

The practice of preventive health habits tends to be greatest among women, those with a college education, and those with higher income. In addition, those who are in excellent health and those who feel that prevention deserves more emphasis are also more likely than others to practice preventive habits. Different individuals and groups, of course, can achieve similar scores even if they differ on *which* particular habits they practice and which they neglect.

SECTION 9:

A Key Attitude Related To Preventive Behavior

People who think prevention deserves more emphasis are likely to practice more preventive behaviors.

Individuals may differ in their practice of preventive habits because they hold different attitudes or beliefs about the importance of or the efficacy of preventive behavior. Each year's Prevention Index survey measures one or more of the key attitudes and beliefs related to prevention.

The Balance Between Prevention and Treatment

More than four of every ten American adults believes that health care services should give more emphasis to *prevention* rather than to *treatment*. This proportion is slightly less than that measured in previous Prevention Index surveys (perhaps because in 1986 the question was located slightly nearer the beginning of the interview than it was in previous years, leading to a greater proportion of "don't know" answers). The trend figures are presented in Table 9-1.

The groups most likely to favor a greater emphasis on prevention are also shown. They include: urbanites and suburbanites, middle aged people in their 40s, those with more education, those with higher income, and those in more prestigious occupations. Many of these patterns are persistent ones and were also identified in the 1985, 1984, and 1983 surveys. But it is also striking that a plurality of *every* sub-group examined in the table favor more emphasis on prevention.

The magnitude and pervasiveness of the support for prevention across the four years of the Prevention Index survey indicate a continuing basic receptiveness to further appeals, programs, and public education efforts regarding prevention. Socially advantaged groups are particularly predisposed toward prevention, and they constitute a receptive constituency. But, the data continue to show that *all* social groups feel prevention deserves greater emphasis.

Attitude Related to Behavior

Such a key attitude would seem to be an important potential influence on a person's actual practice of preventive habits. Table 9-2 shows that this potential influence is an actuality for many Americans. In general, those who think prevention deserves more emphasis are likely to practice a greater number of preventive behaviors. And, in particular, they are more likely to be nonsmokers, more likely to take steps to control stress, to "try a lot" in the area of diet and nutrition, to exercise more frequently, and to have more success in keeping their weight under control.

Thus, those who hold this kind of attitude actually do practice a greater number of preventive behaviors. And, since attitudes are mental states, they may potentially be open to outside influence—from public education campaigns, from the mass media, and from persuasive efforts on the part of preventive health advocates. We turn next to some of the outside influences that can be most effective.

Table 9-1

WHO HOLDS A KEY ATTITUDE ABOUT PREVENTION

Q.: There are two approaches to health and sickness: one approach—treatment—which seeks to cure sickness, and another approach—prevention—which seeks to prevent sickness. At the moment, do you think that health care services in your area have got the right balance between *treatment* and *prevention,* or should we be giving more emphasis to treatment, or more emphasis to prevention?

			Right Balance	Treatment	Prevention
Total Adults 1983	**1254**	**%**	**18**	**12**	**52**
Total Adults 1984	**1253**	**%**	**23**	**10**	**52**
Total Adults 1985	**1256**	**%**	**24**	**14**	**51**
Total Adults 1986	**1250**	**%**	**29**	**8**	**43**
Urbanism					
Central city	379	%	25	11	46
Rest of metropolitan area	571	%	31	7	45
Outside metropolitan area	300	%	30	7	37
Sex					
Male	602	%	27	8	45
Female	648	%	31	9	42
Age					
18–29 years	309	%	31	11	46
30–39 years	326	%	32	9	42
40–49 years	179	%	26	6	51
50–64 years	245	%	24	8	40
65 and over	191	%	29	6	37
Education					
Not high school graduate	188	%	25	15	30
High school graduate	445	%	27	9	42
Some college	315	%	31	9	44
Four-year college graduate	302	%	31	3	52
Household Income					
$7,500 or less	123	%	18	14	37
$7,501–$15,000	169	%	31	10	37
$15,001–$25,000	264	%	27	8	48
$25,001–35,000	234	%	30	8	43
$35,001–50,000	201	%	34	7	48
$50,001 and over	137	%	28	4	54
Usual Occupation of Head of Household					
Blue-collar labor, service	516	%	27	9	42
Clerical, sales	167	%	32	10	44
Professional, manager, or proprietor	439	%	30	6	48

Table 9-2

ATTITUDE ABOUT PREVENTION RELATED TO THE PRACTICE OF SOME KEY PREVENTIVE BEHAVIORS

Those Who Say Health Care Services Should Give More Emphasis	Base		Percent of Adults Who: Practice More Than Half of up to Twenty-Four Applicable Preventive Health Habits	Do Not Smoke Cigarettes	Take Steps to Control Stress	On Average Say They "Try a Lot" on Eleven Aspects of Diet and Nutrition	Exercise Strenuously Three or More Days Per Week	Weight Within ± 4.9% of Recommended Range
Total	**1256**	**%**	**84**	**72**	**64**	**50**	**33**	**48**
To prevention	543	%	87	73	69	52	36	49
To treatment	100	%	73	68	54	43	32	37

SECTION 10

Two Outside Influences For Better Health Habits

Written information about health has an important impact on readers. Half of American adults say that in the past five years information in a book or magazine made them consider changing their health habits.

Half of American adults say that during the past five years information in a health book or health magazine made them consider changing their health habits, but only 30% of adults say that a doctor has given them unsolicited advice about improving their habits during that same time period.

Advice From Doctors

Over two-thirds report that a doctor has *not* given them such advice about prevention. The influence of doctors may even have declined. During the three Prevention Index surveys on which this question appeared, the percentage reporting preventive advice from doctors has slipped from 36% in 1983 to 34% in 1985 to 30% in 1986, as shown in Table 10.

Moreover, those most likely to report that they *have* been given such advice by a doctor are those who say they are in only fair or poor health. This suggests that many who are given advice on health habits by doctors are already in medical need of it. Such advice about health habits may be perhaps more properly thought of as part of treatment than as prevention.

Advice From Health Books and Magazines

Fifty percent of American adults report that a health book or health magazine made them reconsider their health habits in the past five years. Those most likely to report this experience include: women, younger adults, those with more education, those with higher income, those in more prestigious occupations, and those who think prevention deserves more emphasis.

Some of these groups may be presumed to be especially alert to the mass media or particularly open to influence by media messages. But it is important to note that a significant fraction of *every* group listed in Table 10 say they reconsidered their health habits due to information obtained from the health media. Thus the word about prevention penetrates via the media into *all* sectors of society, albeit at different rates.

Impact of Outside Influences on Health Habits

People who report that they were influenced by information from a book or magazine do indeed practice more preventive habits than do people who were not so influenced.

But the pattern is much less clear for people who received advice to improve their habits from a doctor. They show hardly any difference in their current behavior as compared to other people who did not receive such advice. We point out, however, that it is still possible for people who received advice from doctors to be practicing more preventive habits than they did *previously*, or more than they *otherwise* would. To show that this actually happens would require data from *both* before *and* after the advice was given, which cannot be obtained from the current survey.

Table 10

WHO RECEIVES INFLUENCES FOR BETTER HEALTH HABITS

Q.: During the past five years, has a doctor ever given you advice, without your having to ask for it, about improving your habits in areas such as nutrition, exercise, weight, or limiting the use of alcohol and tobacco, or not?

Q.: During the past five years, has any information in a health book or health magazine made you consider changing your health habits, or not?

	Base		Doctor Has Given Unsolicited Advice About Health Habits	Health Book or Magazine Caused Reconsideration of Habits
Total Adults 1983	**1254**	**%**	**36**	**x**
Total Adults 1984	**1253**	**%**	**x**	**x**
Total Adults 1985	**1256**	**%**	**34**	**49**
Total Adults 1986	**1250**	**%**	**30**	**50**
Sex				
Male	602	%	25	43
Female	648	%	36	57
Age				
18–29 years	309	%	27	54
30–39 years	326	%	22	59
40–49 years	179	%	39	58
50–64 years	245	%	38	43
65 and over	191	%	33	33
Education				
Not high school graduate	188	%	33	33
High school graduate	445	%	31	45
Some college	315	%	32	55
Four-year college graduate	302	%	26	65
Household Income				
$7,500 or less	123	%	32	34
$7,501–$15,000	169	%	31	48
$15,001–$25,000	264	%	36	53
$25,001–$35,000	234	%	28	57
$35,001–50,000	201	%	30	59
$50,001 and over	137	%	25	59
Usual Occupation of Head of Household				
Blue-collar labor, service	516	%	31	44
Clerical, sales	167	%	33	55
Professional, manager, or proprietor	439	%	27	59
Self-Described Health Status				
Excellent	347	%	24	50
Very good or good	725	%	31	52
Fair or poor	176	%	41	46
Those Who Say Health Care Services Should Give More Emphasis				
To prevention	543	%	32	58
To treatment	100	%	25	47

x = Not asked.

SECTION II

Health Status And Health Outcomes

There may not be an immediate cause-effect relationship between current good habits and current good health.

This section analyzes the relation of several of the demographic influences and health practices that have been studied in this survey to an individual's current *health status.* We hasten to add that such data do not constitute a fair or proper test of many of the factors, particularly the behavioral ones. That is because many preventive health habits take years to work their effects. *Current behavior* may tell us little about a person's behavior years ago, which probably has had the greater influence on his or her current health status. And *current health* may tell us little about a person's eventual health, years from now, when present behavior may be presumed to show its ultimate impact. Nonetheless, some of the patterns are striking.

Subjective Evaluation of Health

Excellent health tends to be reported most often by people under age 50, by college graduates, and by those in the higher income brackets. These patterns are persistent ones and were also observed in the 1985, 1984, and 1983 surveys. They would seem to reveal the health impact of the different lifestyles, living conditions, health habits, and access to medical care that are experienced by the different economic and social classes in the United States.

However, these factors may be confounded, to some extent, with another factor—age. Older people are among the ones most likely to have a lower income and less formal education, and—for obvious reasons—they are less likely to enjoy good health. Age surely does not explain away the total effect of economic factors. But the task of precisely disentangling these multiple relationships will require additional analysis in the future, based on multivariate techniques.

Preventive Health Practices

The practice of key preventive health habits also seems related to health status or health outcomes (Table 11). In general, those who practice the most preventive health habits (out of a maximum of 24 habits studied) are more likely to be in excellent health than those who practice the fewest.

The same pattern holds for most of the specific preventive health behaviors as well. For example, those who get frequent strenuous exercise, those whose weight is within the recommended range, and those who are nonsmokers are all more likely to be in excellent health.

These findings, we hasten to repeat, do not necessarily prove that there is an immediate cause-effect relationship between current good habits and current good health. Rather, the seeming connection between current habits and current health is probably due to the fact that many who practice good health habits today have probably also tended to have practiced good habits over the years. And it is their earlier practice whose consequences are showing up in the data today.

Table 11

PREVENTIVE HEALTH PRACTICES RELATED TO CURRENT HEALTH STATUS

Q.: In general, how would you describe your own health—is it excellent, very good, good, fair or poor?

	Base		Excellent	Very Good	Good	Fair or Poor
Total Adults	**1250**	**%**	**28**	**36**	**22**	**14**
Percent of Twenty-Four Key Preventive Health Habits Practiced						
Those who practice 76% to 100%	424	%	33	33	23	12
Those who practice 51% to 75%	631	%	27	39	19	15
Those who practice 0% to 50%	195	%	21	33	27	18
Strenuous Exercise						
Those who get three or more days a week	408	%	35	37	18	11
Those who never get	282	%	21	28	23	28
Body Weight						
Those whose weight is within the recommended range	231	%	33	37	17	13
Those who are overweight	656	%	25	36	25	15
Cigarette Smoking						
Those who do not smoke	900	%	31	35	21	12
Those who smoke	347	%	20	37	23	20
Nutrition						
Those who try most	352	%	27	32	23	18
Those who try least	321	%	29	35	23	13

APPENDIX

PROCEDURES FOR COMPUTING THE PREVENTION INDEX

The Prevention Index is developed from information collected by Louis Harris and Associates, Inc. in two national surveys:

1. Self-reported practice of preventive health and safety behaviors based on a national probability sample of 1,250 adults in the continental United States 18 years of age and older.
2. Ratings on the relative importance of each of these behaviors for preventing disease and disability in the general population (scale of 1 to 10), as determined by a sample of 103 representative experts in disease prevention and health promotion.

Twenty-one of the behaviors measured in the Harris national probability survey of adults were selected for inclusion in the Prevention Index according to the following criteria:

1. A documented relationship between the health behavior and disease or disability as published in the professional literature
2. Behaviors that are relevant to the entire adult population
3. Behaviors that can be controlled or affected by individuals (therefore, the exclusion of important environmental determinants of health such as exposure to air pollution or industrial toxins).

Currently accepted standards of practice for each behavior were determined by thorough review of the professional literature and consultation with experts. Those standards were used to compute the practice frequencies for each of the Index health behaviors.

For continuous variables (for example, moderate alcohol consumption, exercise or frequency of dental examination), practice was determined by the prevailing consensus in the relevant professional literature and from personal consultation with researchers and spokespersons of professional organizations.

For those behaviors with no clear consensus on a minimum compliance level (for example, taking steps to control stress or restricting cholesterol intake), practice was defined in terms of either always engaging in the behavior (taking steps to control stress) or of trying a lot (restricting cholesterol intake). The practice definitions for each health and safety behavior and relevant documentation are presented in the Prevention Index technical report.

The Index is computed on a scale of 0 to 100, with 100 representing 100 percent of the adult population of the continental United States age 18 and over practicing all of the 21 key health behaviors. The Index is calculated by:

1. Multiplying the percentage of the adult population who report engaging in each health behavior by its experts' rating;
2. Adding the 21 products together;
3. Adjusting the resulting total to a scale of 100.

A detailed description of the development and computation of the Prevention Index and related analyses is presented in the technical report, "The Prevention Index: A Report Card on the Nation's Health," available through the Prevention Research Center.

A NOTE ON SURVEY METHOD

The 1986 survey data in this report are based on interviews with 1,250 randomly selected adults across the country, conducted by telephone from November 14 to November 30, 1986. In addition, in 385 of the same households where a child aged 5 to 17 years resided, an additional "child proxy" interview was conducted. The overall completion rate for this survey was 71% of eligible households reached. The 29% noncompletion rate includes initial refusals, plus terminations during the course of the interview. A full disposition of every telephone number called is shown in the appendix to the complete report.

The 1986, 1985, 1984 and 1983 surveys followed the same procedures in every detail in order to facilitate comparisons.

Harris national public cross sections are weighted to the Census Bureau's latest population parameters on sex, race, age, and income. This adjusts these key variables, where necessary, to their actual proportions in the population in order to correct for sub-group variations in telephone penetration and non-response rates.

SUMMARY OF BEHAVIOR ON TWENTY-FOUR FACTORS THAT APPLY TO ADULTS, 1983–1984–1985–1986

	1983 Survey %	1984 Survey %	1985 Survey %	1986 Survey %	Percentage Point Change From 1983 to 1986
Nonsmoking and Restricted Use of Alcohol					
Do not smoke cigarettes	70	72	70	72	+2
Drink alcohol moderately	54	57	55	56	+2
(Do not drink at all)	(34)	(30)	(33)	(32)	(−2)
Exercise and Weight Control					
Get strenuous exercise three or more days a week	33	33	30	33	0
Are within the weight range recommended for their height, build, and sex	23	23	21	23	0
Diet and Nutrition					
Try a lot to get enough vitamins and minerals	63	57	63	63	0
Try a lot to eat enough fiber	59	58	59	59	0
Try a lot to avoid eating too much fat	55	59	56	56	+1
Try a lot to avoid eating too much salt or sodium	53	54	54	57	+4
Try a lot to avoid eating too much sugar and sweet food	51	52	50	49	−2
Try a lot to get enough calcium	50	45	57	57	+7*
Try a lot to avoid eating too many high-cholesterol foods	42	43	42	46	+4*
Control of Stress					
Socialize with friends or relatives once a week or more	84	85	85	81	−3
Get seven or eight hours sleep most nights	64	63	64	65	+1
Take specific steps to control or reduce stress	59	70	69	64	+5*
Periodic Examinations and Tests					
Have a blood pressure reading at least once a year	83	86	86	85	+2
Have a dental checkup at least once a year	71	73	74	76	+5*
Women who have a Pap smear test every one or two years	75	77	78	80	+5*
Women who examine their breasts at least once each month for signs of cancer	37	42	48	45	+8*
Safety Precautions					
Say that no one in their home smokes in bed	88	89	91	91	+3*
Say they take specific steps to avoid accidents in and around the home	72	81	80	80	+8*
Say they have a smoke detector in their home	67	74	76	77	+10*
Drivers who say they drive at or below the speed limit all the time	56	52	50	51	−5*
Drivers who say they either never drive after drinking or don't drink at all	68	68	72	74	+6*
Say they wear seatbelts all the time when in the front seat of a car	19	27	41	55	+36*

*Shifts designated with an asterisk are statistically significant at the .05 level. In only 5 polls out of 100 could a shift this large happen by chance.

Your Personal Prevention Profile

The Prevention Index takes stock of a nation's health, but you can also score your own prevention profile by taking the test below.

Please carefully check "YES" or "NO" to each of the following questions.

	YES	NO
1. Do you have a blood pressure reading at least once a year?	☐	☐
2. Do you go to the dentist at least once a year for treatment or a checkup?	☐	☐
Thinking about your personal diet and nutrition, do you try a lot to . . .		
3. Avoid eating too much salt or sodium?	☐	☐
4. Avoid eating too much fat?	☐	☐
5. Eat enough fiber from whole grains, cereals, fruits, and vegetables?	☐	☐
6. Avoid eating too many high cholesterol foods, such as eggs, dairy products, and fatty meats?	☐	☐
7. Get enough vitamins and minerals in foods or in supplements?	☐	☐
8. Avoid eating too much sugar and sweet food?	☐	☐
9. Is your body weight within the recommended range for your sex, height, and bone structure?	☐	☐
10. Do you exercise strenuously (that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least 20 minutes) three days or more a week?	☐	☐
11. Do you smoke cigarettes now?	☐	☐
12. Do you consciously take steps to control or reduce stress in your life?	☐	☐
13. Do you usually sleep a total of 7 to 8 hours during each 24-hour day? (if you usually sleep either more or less than this, please mark "no.")	☐	☐
14. Do you socialize with close friends, relatives or neighbors at least once a week?	☐	☐
15. In general, when you drink alcoholic beverages, do you consume less than 14 drinks* per week and less than five drinks on any single day? (Mark "yes" only if the answer to both parts of this question is "yes." If you never drink at all, also mark "yes.")	☐	☐
16. Do you wear a seat belt all the time when you are in the front seat of a car?	☐	☐
17. Do you drive at or below the speed limit all the time? (If you don't drive, please mark "yes.")	☐	☐
18. Do you ever drive after drinking. (If you don't drive or if you don't drink, please mark "no.")	☐	☐
19. Do you have a smoke detector in your home?	☐	☐
20. Does anyone in your household ever smoke in bed?	☐	☐
21. Do you take any special steps or precautions to avoid accidents in and around your home?	☐	☐

*By a "drink," we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

The correct answer for questions 11, 18 and 20 is "no." The correct answer for all the other questions is "yes." Add up your total number of correct responses. Then, divide that number by 21, which tells you the percentage of the 21 Prevention Index behaviors that you practice.

Additional reports available:

The Prevention Index: A Report Card on the Nation's Health, technical report.

Prevention In America: Steps People Take—or Fail to Take—for Better Health, 1983 survey conducted by Louis Harris & Associates for *Prevention* Magazine.

Prevention in America: The Experts Rate 65 Steps to Better Health, 1983 survey conducted by Louis Harris & Associates for *Prevention* Magazine.

Prevention in America 2: Steps People Take—or Fail to Take—for Better Health, 1984 survey conducted by Louis Harris & Associates for *Prevention* Magazine.

Prevention in America 3: Steps People Take—or Fail to Take—for Better Health, 1985 survey conducted by Louis Harris & Associates for *Prevention* Magazine.

Prevention in America 4: Steps People Take—or Fail to Take—for Better Health, 1986 survey conducted by Louis Harris & Associates for *Prevention* Magazine.

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